PTA Reading Challenge

*Turn in by 15th of ~~each~~ month
Read 20min each night.

Pages read by student _____

Pages read by Parent
_____ ÷ 2 _____

Month's Grand Total _____

Please remember to total pages before returning.

Student's Name _____

Grade _____ Teacher _____ parent signature _____

Book Titles	Pages read by student	Pages read by adult

Book Titles

	Pages read by students	Pages read by adult